		HCA-0054	B. WING	Intermediate Care Facilities Division 899 North Capitol St., N.E. 06	12/2014
AME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	Washington, D.C. 20002 STATE, ZIP CODE	
VMT HOME HEALTH AGENCY 901 1ST S		TREET NW	7/2/14		
VII HON	HE HEALIH AGENCY	WASHING	TON, DC 2		
X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
REFIX TAG		'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLE
			1/10	DEFICIENCY)	DAIL
H 000	INITIAL COMMENT	-s	H 000		
	An annual summers	ran anndustad from June 10		VMT Home Health Agency makes its best	-
•		ras conducted from June 10,		efforts to operate in substantial compliance	
		12, 2014, to determine		with both Federal and State law. Plan of	
100		le 22 DCMR, Chapter 39			-
		ies Regulations). The Home es home care services to two		Correction does not constitute an admission	
1		e (289) patients and employs		or agreement by any party, its Officers,	
and the second s		50) employees. The findings		Directors, employees, or agents as the truth	
		pased on observations, record		of the facts alleged or the validity of the	
		ews with patients and staff.		conditions set forth on the Statement of	
		The state of the s		Deficiencies and Plan of Correction Report.	
1	Please Note: Listed	below are abbreviations used		This Plan of Correction is prepared and/or	
	in this report.			executed solely because it is required by	-
	·			Federal and State law.	
	Skilled Nurse (SN)				
And the control of th	Plan Of Care (POC				
	Home Care Agency		•		
	Home Health Aide (				
	Registered Nurse (	RIN)			
H 352	3914.3(a) PATIENT	PLAN OF CARE	H 352		
j	(4)			H352 3914.3(a) Patient Plan of Care	
	The plan of care sh	all include the following:			
	•	_		1. VMT is unable to retroactively modify the	
	(a) Physician orders	s for skilled services;		Plan of Cares identified in the Statement of	
				Deficiency Report (Patient #3, 4, 5, 6, 7, 8,	
	This Out to the			9, and 10). VMT will modify the Plan of	
		met as evidenced by:		Care to include a physician order to conduct	1
		view and interview, the home		a physical assessment.	-
		to ensure that each patient's		2 Paris 1 1 1 2 2 2 2 2	4 
		included a physician order to seessment, for eight (8) of		2. Beginning July 10, 2014, all Plan of Cares	
		s in the sample. (Patient #3,		that are developed, will include a physician	
	#4, #5, #6, #7, #8, #			order to conduct a physical assessment.	
	The findings include	<b>e</b> :			
	1 On June 10 201	4, at approximately 11:15			
		ent #3's clinical record			
		otes that contained monthly			
h Regul	ation & Licensing Admini	stration			
RATORY	DIRECTOR'S OR PROVID	ER/SUPPLIED REPRESENTATIVE'S SIGN	ATURE	TITLE	(X6) DATE

Health Regulation & Licensing Administration

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED HCA-0054 B. WING 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) H 352 Continued From page 1 H 352 physical assessments during the certification 3. The Director of Nursing or their designee period of October 15, 2013 through April 14, will review each Plan of Care for the 2014. There was no evidence that the physician inclusion of a physician order for the ordered the physical assessments. registered nurse to conduct a physical 2. On June 10, 2014, at approximately 11:45 assessment. VMT will perform quarterly a.m., review of Patient #4's clinical record audits to monitor the inclusion of the revealed nursing notes that contained monthly physician order in the Plan of Care for a RN physical assessments during the certification physical assessment after July 10, 2014. period of August 26, 2013, through February 25, VMT will perform a quarterly audit to 2014. There was no evidence that the physician monitor the inclusion of the physician order ordered the physical assessments. on the Plan of Care that is developed after July 10, 2014. A sample size of 10% will be 3. On June 10, 2014, at approximately 12:30 p.m., review of Patient #5's assessed to determine compliance and will Clinical record revealed nursing notes that be the benchmark for any modifications of contained monthly physical assessments during the audits going forward. The audit will be the certification period of September 8, 2013, overseen by the Clinical Administrator or through March 8, 2014. There was no evidence their designee. The results will be discussed that the physician ordered the physical in the quarterly Professional Advisory assessments. Committee Meeting. 4. On June 11, 2014, at approximately 9:30 a.m., Completion date August 10, 2014 review of Patient #6's Clinical record revealed nursing notes that contained monthly physical assessments during the certification period of September 16, 2013, through March 15, 2014. There was no evidence that the physician ordered the physical assessments. 5. On June 11, 2014, at approximately 10:00 a.m., review of Patient #7's Clinical record revealed nursing notes that contained monthly physical assessments during the certification period of July 26, 2013, through January 25, 2014. There was no evidence that the physician ordered the physical assessments. 6. On June 11, 2014, at approximately 10:40

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING HCA-0054 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 352 Continued From page 2 H 352 a.m., review of Patient #8's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of July 25, 2013, through January 25, 2014. There was no evidence that the physician ordered the physical assessments. 7. On June 11, 2014, at approximately 11:15 a.m., review of Patient #9's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of November 13, 2013, through May 12, 2014. There was no evidence that the physician ordered the physical assessments. 8. On June 11, 2014, at approximately 12:30 p.m., review of Patient #10's clinical record revealed nursing notes that contained monthly physical assessments during the certification period of October 22, 2013, through April 21. 2014. There was no evidence that the physician ordered the physical assessments. Face to face interview with the administrator on June 11, 2014 at approximately 3:30 p.m., confirmed that although the patients were receiving skilled nursing services and physical assessments by the registered nurse during the nursing visits, the POCs did not include physicians' orders for physical assessment. H456 3917.2(f) VMT has noted that the required DHCF H 456 3917.2(f) SKILLED NURSING SERVICES H 456 Medicaid PCA Assessment form does not have an area for the RN to document the Duties of the nurse shall include, at a minimum. aide supervision for that visit. The routine the following: monthly visits are documented on VMT (f) Supervision of services delivered by home Home Health Agency's monthly visit note health and personal care aides and household which does have a specific area for the

support staff, as appropriate:

supervision documentation.

Health Regulation & Licensing Administration STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING HCA-0054 06/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 901 1ST STREET NW VMT HOME HEALTH AGENCY WASHINGTON, DC 20001 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) H 456 Continued From page 3 H 456 This Statute is not met as evidenced by: Patient #2, this beneficiary Based on record review and interview, the home received a recertification by the care agency failed to document the supervision of RN on 2/26/2014 services being delivered by each patient's Patient # 3, this beneficiary personal care aide (PCA) or home health aide received a recertification by the (HHA), for six (6) of the twenty (20) sampled patients. (Patients #2, #3, #5, #7, #9 and #10) RN on 3/5/2014 Patient #5, this beneficiary The findings include: received a recertification by the RN on 1/21/2014 1. On June 10, 2014, at 10:00 a.m., review of Patient #7, these were missed Patient #2's plan of care (POC) with a certification visit for November and December period of October 20, 2013 through April 19, 2013. There was a missed visit 2014, revealed an order for PCA services for form documented by the RN for sixteen (16) hours a day, seven (7) days a week for six (6) months, and supervisory visit by RN 12/3/2013. monthly for twenty-six (26) weeks. Additionally. Patient # 9 this beneficiary continued record review failed to show received a recertification by the documented evidence that the PCA services were RN on 3/22/2014. This was a supervised by the RN during the month of missed visit for December 2013. February, 2014. Patient 10, this beneficiary received a recertification by the 2. On June 10, 2014, at 11:15 a.m., review of RN on 3/6/2014. This was a Patient #3's POC with a certification period of missed visit for January 2014. October 15, 2013 through April 14, 2014. revealed an order for PCA services for eight (8) hours a day, seven (7) days a week for six (6) Beginning July 21, 2014, with any recertification visits, the RNs will document months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued on the DHCF Medicaid PCA Assessment record review failed to show documented form, the supervision of the home health evidence that the PCA services were supervised aide for that specific visit. The by the RN during the month of March 2014. documentation will be placed under comments on page 8 in the 3. On June 10, 2014, at 12:30 a.m., review of Medical/Nursing Needs section. Patient #5's POC with a certification period of September 8, 2013 through March 7, 2014. revealed an order for PCA services for six (6) hours a day, seven (7) days a week for six (6)

Health F	Health Regulation & Licensing Administration FORM APPROVED									
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED					
						EETED				
		HCA-0054	B. WING							
					06/12/2014					
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE						
VMT HO	ME HEALTH AGENCY		TREET NW							
			TON, DC 2	20001						
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)				
TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	DRE	COMPLETE				
		·	1/10	DEFICIENCY)	PRIATE	DATE				
H 456	Continued From pa	ne 4	H 456							
	months, and supervisory visit by RN monthly for twenty-six (26) weeks. Additionally, continued record review failed to show documented evidence that the PCA services were supervised by the RN during the month of January 2014.		11450	By tuly 10, 2014 to 2						
				By July 18, 2014, VMT will inform and						
				educate the registered nurses on						
				documenting the supervision of the hor	ne					
			health aide on the DHCF Medicaid PCA Assessment form when performing							
1	4. On June 11, 201	4, at 10:00 a.m., review of		recertification visits. Registered nurses	will					
	Patient #7's POC with a certification period of July 26, 2013 through January 25, 2014, revealed an			be educated to place the documentatio	n					
				under comments on page 8 in the						
order for PCA services for eight (		ces for eight (8) hours a day		Medical/Nursing Needs section.						
	seven (7) days a week for six (6) months, and			The Di						
	supervisory visit by	RN monthly for twenty-six (26)		The Director of Nursing or their designed	a					
	weeks. Additionally	, continued record review		will review each DHCF Medicaid PCA						
	failed to show documented evidence that the PCA			Assessment form for the inclusion of the	: RN					
	services were super	vised by the RN during the		documentation (under comments on page	ge 8					
	monus of Novembe	er 2013, and December 2013.		in the Medical/Nursing Needs section), f	or					
	5 On June 11 201	4, at 11:15 a.m., review of		the home health aide supervision during						
	Patient #9's POC wi	th a certification period of		the specific recertification visit. VMT will						
	November 13, 2013	through May 12, 2014,		perform quarterly audits to monitor that	:					
	revealed an order fo	r PCA services for seven (7)		the documentation is present on the DHo	CF					
į	hours a day, seven (	7) days a week for six (6)		Medicaid PCA Assessment form for the	f					
	months, and supervi	sory visit by RN monthly for		recertification visits. A sample size of 10	%					
	twenty-six (26) week	s. Additionally continued		will be assessed to determine compliance	<u>.</u>					
	record review failed	to show documented		and will be the benchmark for any						
	evidence that the PC	CA services were supervised		modifications of the audits going forward	1.					
9	by the RN during the	months of December 2013,		The audit will be overseen by the Clinical						
	and March 2014.	TO CONTRACT AND ADMINISTRATION OF THE PROPERTY AND		Administrator or their designee. The resu						
	6 On June 11 2017	1 of 11:15 a m		will be discussed in the quarterly	ITS					
!	Patient #10's POC 4	, at 11:15 a.m., review of rith a certification period of		Professional Advisory Committee Meetin						
	October 22, 2013 thr	rough April 24 2014		Meetin	g.					
	revealed an order for	r PCA services for eight (8)		Completion date August 21, 2014	!	•				
1	hours a day, seven (	7) days a week for six (6)		J 22, 2014	1					
	months, and supervi	sory visit by RN monthly for								
	twenty-six (26) week	s. Additionally continued								
i	record review failed t	o show documented								
	evidence that the PC	A services were supervised								
i	by the RN during the	months of January 2014 and				1				
	March 2014.	•			į	İ				

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